



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

COMMUNITY FIRST CHOICE Policy Manual

Section: FORMS

**Subject: PERS Referral Form
(Sample)
SLTC- 241**

PURPOSE:

The Personal Emergency Response System (PERS) Referral form is used to refer an approved CFC member to a PERS Provider and provide the PERS provider with the prior authorization number that is necessary in order for the PERS provider to bill for the service. This is a sample form. This form may be tailored to fit the needs of the provider agency. The form must include the requested information included on this sample.

This form should not be completed until a prior authorization number has been generated by Xerox. Prior to completing this form the provider agency Plan Facilitator must complete SLTC-240 and submit it to MPQH to generate a PERS prior authorization number.

This form is completed by the provider agency Plan Facilitator to provide PERS providers with information in the following situations:

1. Referral of a member for PERS services by a Plan Facilitator or DD Case Manager.
2. Documentation by a Case Manager of a change in PERS services from HCBS to CFC.(PERS reimbursement should be removed from the HCBS cost sheet once the CFC prior authorization is completed in order to avoid duplication of service).
3. Notification of a renewal of prior authorization (occurring every 365 days.)
4. Termination of CFC services.

INSTRUCTIONS:

➤Enter Plan Facilitator's Name

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Check the appropriate box indicating which of the following actions is occurring:

1. Referral
2. CFC Amendment
3. Change of PERS Providers
4. Service Termination

Enter: PERS Provider's Name
PERS Provider Medicaid ID #
Member's Name
Member's Phone Number
Member's Medicaid ID Number
Member's Birth Date
Member's Address
Physician Name
Physician's Phone Number
Primary Diagnosis
Diagnosis Code
Prior Authorization Number: This is the number that is generated by MPQH on the SLTC-240 form,
Date Span

Enter: Type of Service: PERS
Enter: Procedure Code
Enter: Appropriate modifier

Note: U9 Should be used for billing Self-Direct Services

Enter: Current Units.

Unit = 1 month of
service

or

Unit = 1 installation
charge

The current units should cover the number of units for the service authorization period. If the member is beginning PERS in the middle of the service year the number of units should be pro-rated to the number of months left before the next annual member visit.

For example: 12 months = 12 units
January-July = 7 units

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Enter: Corrected Units: If the unit amount has been modified during a service year and on the same service authorization number the correct unit number should be entered in this box.

Enter: Rate- Plan Facilitators and DD Case Managers should contact the PERS provider and determine the market rate for service. The rate should be based on what the provider charges non-Medicaid members and/or waiver members. This rate becomes the “negotiated” rate. Enter the negotiated rate here, **NOT** the maximum rate listed on the CFC Medicaid Fee schedule.

Enter the effective date of service. This date should not precede the MPQH authorization date.

Enter any necessary comments.

Notification of Service Termination: This section is completed by the Plan Facilitator or DD Case Manager in the event of a change of PERS providers or if the CFC member is discharged from services.

***The Case Manager, Provider Agency or DD Case Manager should remind the member/personal representative or family members that the PERS equipment should be returned to the PERS provider after termination of the member’s PERS services.**

DISTRIBUTION: Copy of this form should be retained by the Plan Facilitator in the member files.